

Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901 Telephone 406.751.8200 Fax 406.751.8210

APPLICATION FOR LAKESHORE CONSTRUCTION PERMIT AMENDMENT

Submit this application, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

LAKESHORE CONSTRUCTION PERMIT NUMBER:	FEE ATTACHED \$
OWNER(S) OF RECORD:	
Name:	Phone:
Mailing Address:	
City, State, Zip:	
Email:	
CONTRACTOR (or person responsible for doing the work, if ot	her than above):
Name:	Phone:
Mailing Address:	
City, State, Zip:	
Email:	
REQUIRED INFORMATION	
NATURE OF PROPOSED AMENDMENT: (Describe in words I permit including what you propose to build, demolish, install materials and list heavy equipment, if any.)	, dredge, or fill. Give dimensions,
DESCRIBE, IN FULL, ANY ADVERSE ENVIRONMENTAL IMPARESULT OF THE PROPOSED AMENDMENT (e.g., different or and wildlife habitat, increased sedimentation, discharge of to	new impacts on water quality or fish
WHAT MEASURES WILL BE TAKEN TO REDUCE OR ALLEVI LISTED ABOVE?	IATE ANY ADVERSE IMPACTS

direct	ions.)				
A.	Is Vici	nity Plan Attached?	€Yes	€No	
B.	Is Site	Plan Attached?	€Yes	€No	
C.	-75 S 50% S 50°	ject Drawing Attached? ********	€Yes		********
with th	e plan aı	and say that to the best of my k nd other data submitted, are a tri s on the lake and lakeshore.	nowledge ue and co	e and belief, the statements mplete statement of all pro	s contained in this Application, togethe posed work to be done and its effect o
	Owner	r or Owner's Agent:			Date:
Notes:	a.	The signing of this application signif property for routine monitoring and			ng & Zoning staff to be present on the elopment process.
	b.	Work will be inspected for conformit	y with the	amended permit.	

AMENDED PROJECT INFORMATION: (Maps and drawings must be attached. See Pages 3 and 4 for



1035 First Ave West Kalispell, MT 59901

OFFICE 406.751.8200 FAX 406.751.8210

General Information

Terms and conditions of the permit

were understandable

EMAIL planningweb@flathead.mt.gov web_flathead.mt.gov/planning_zoning

What was the nature of your contact with us? (Please check all that apply)

Permitting (Lakeshore, Floodplain, Zoning, Subdivision)

CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

Other						
Please Check as Appropriate:						
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment	
Staff was courteous and helpful						
Staff provided accurate information to me						
Staff response was considerate of my time						
My overall experience was positive						
Please complete the section below if	your contac	et with u	s involved p	permitting:		
The permitting process was understandable						
The regulations were understandable						
Application instructions were understandable						

We provide opportunities for staff to be recognized for exemplary customer service. Plea	ise
indicate the names of any staff person(s) you would like to commend:	

	e expectations, please describe the situation I (if applicable) and the date the incident occurred:
As a result of your experience with us, what ser recommend?	rvice-related improvement(s) can you
Contact Information (Optional)	
Your name:	
Email:	Daytime phone:
Mailing address:	
Date submitted:	

Please hand deliver, email, fax or mail form to:

Flathead County Planning and Zoning 1035 First Avenue West, Ste C200 Kalispell, MT 59901

Email: Planning.Zoning@flathead.mt.gov

Phone: (406) 751-8200 Fax: (406) 751-8210